ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # AP-32610[illegible]

SEPTIC: IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4729 -- 16 -- 2193

APPLICANT/OWNER: MICHAEL H. BROWN

APPLICANT ADDRESS: 3944 WILKESBORO HIGHWAY, STATESVILLE, N.C. 28625

SITE ADDRESS: 3944 WILKESBORO HIGHWAY, STATESVILLE, N.C. 28625

PHONE: 704-682-1799

ALT. PHONE 704-682-4160

SITE DIRECTIONS: (N) ON 115, LOT ON (R)

SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: CENTRAL HEIGHTS

SECTION: — LOT # 1-4 LOT AREA: 0.33 AC

DESIGN FLOW: 360 GPD L.T.A.R.: 0.3

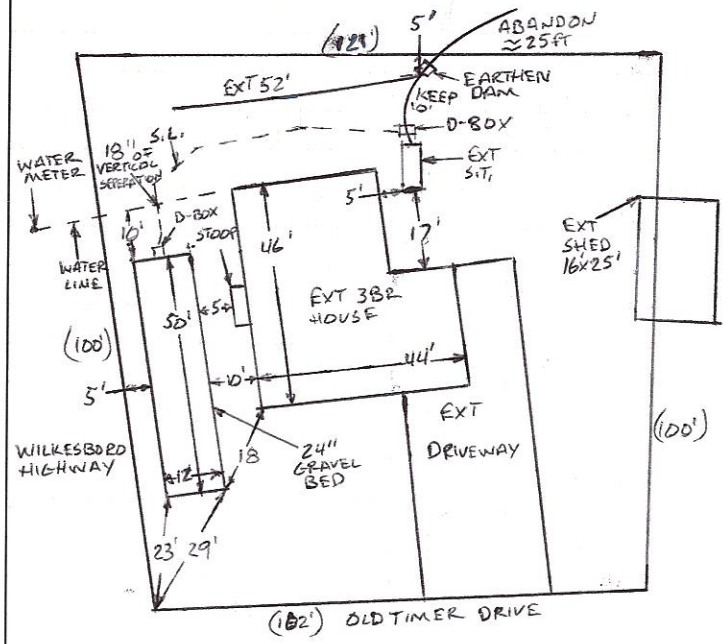
Septic Tank	EXT	(gal)	STB	EXT	Date	EXT	☐ New System	☑ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	EXT			
Pump Make	—	Model	—		Serial #	—	Repair System Description:	24 IN GRAVEL BED 12'x50'			
# Nitrification Fields	1	# Lines	1		Linear Ft	12'x50'	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	12'x50'	Trench Bottom Depth(Low side)	30 IN		Gravel Depth	24"		☑ GRAVITY	☐ PRESSURE		

☑ Residence	No. Bedrooms	3	**Water Supply**
☐ Business	No. Persons	6	☐ Private
☐ Other	No. Employees	—	☑ Public
☐ Slab	☑ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: INSTALL AS SHOWN, UTILIZE D-BOXES TO EQUALLY FEED ALL PARTS, DO NOT EXCEED A 48 IN MAX TRENCH DEPTH, IF 18 IN OF VERTICAL SEPERATION UNDER WATER LINE CANNOT BE MAINTAIN SLEEVE WATER LINE IN DUCTILE IRON MEETING RECOMMENDED

UTILIZE EARTHEN DAM TO ABANDON DRAINLINE THAT CROSSES PROPERTY LINE, RECOMMEND SURVEYING PROPERTY, PRE-CONSTRUCTION

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am

the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

Supply line sleeved under water line.

1 IN = 40 FT

S.T. = SEPTIC TANK

EXT = EXISTING

Installed as Drawn

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Michael H. Brown Date: 3-10-22 Installed by: Stutts Grading

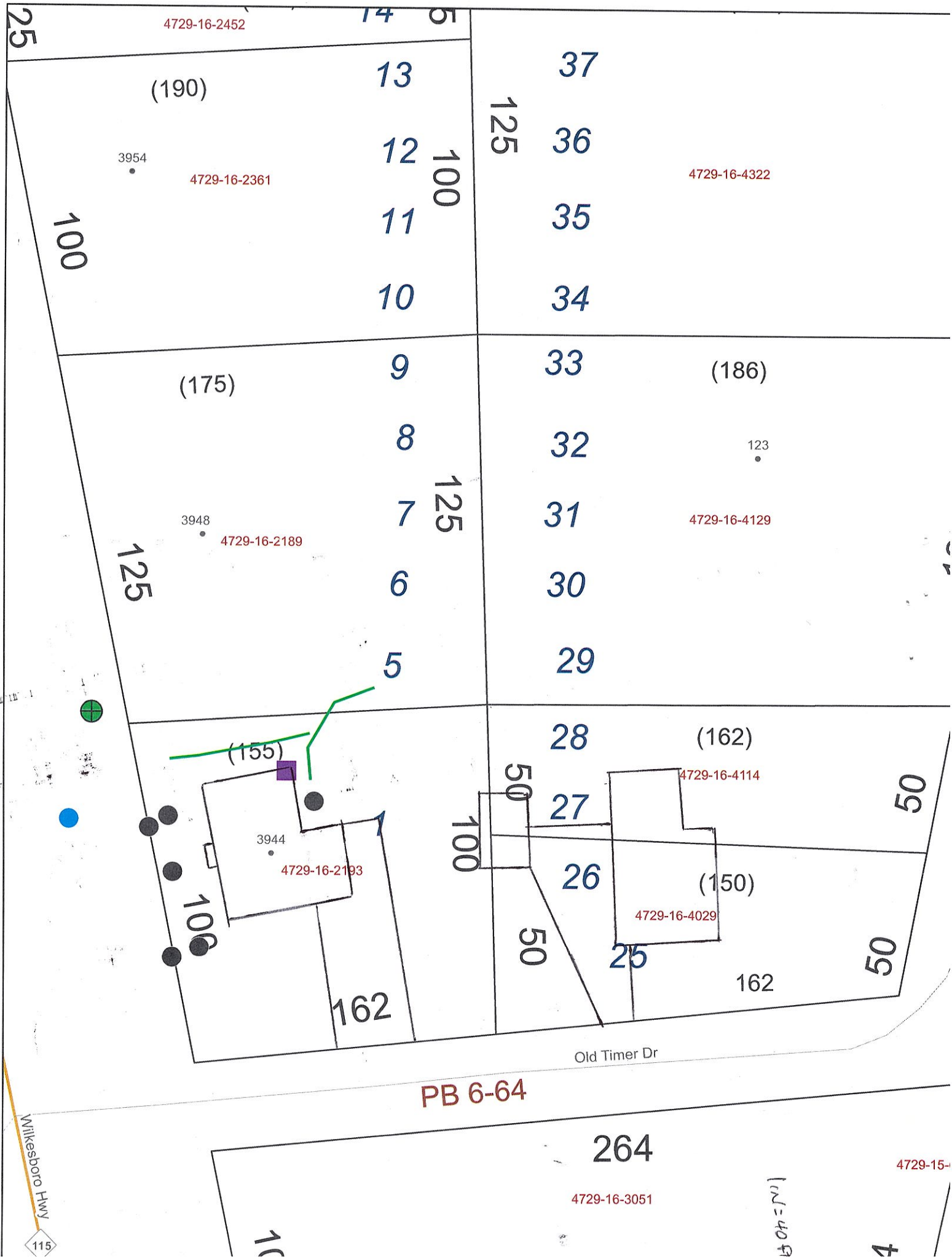
IMPROVEMENT PERMIT by: Bryant C. White Date: 3-9-2022 OPERATION PERMIT by: Cory Wilk Date: 6/21/22

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 3-9-2022 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	GTR
Type of Distribution	(G) or
Type of Failure/Malfunction	SURFACE
Primary Cause of Failure/Malfunction	AGE
Age of System?	1964
Initial or Repair?	INITIAL


4729-16-2452
(190)
13
12
11
10
3954
4729-16-2361
100
100
125
37
36
35
34
4729-16-4322
(175)
9
8
7
6
5
3948
4729-16-2189
125
125
33
32
31
30
29
(186)
123
4729-16-4129
(155)
3944
4729-16-2193
100
1
162
28
27
26
25
(162)
4729-16-4114
50
100
50
50
(150)
4729-16-4029
50
162
Old Timer Dr
PB 6-64
Wilkesboro Hwy
115
264
4729-16-3051

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: 4729-16-2193
DATE OF EVALUATION: 3-3-2022
COUNTY: IREDELL

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZ ON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
AB 1	LINEAR SIDE 5%	0-12	FILL	MIXED	SAP INC THRU OUT MICA COMMON	60"+	NA	NA	PS .3
		12-36	C, SBK ~~MIXED~~	FR, S, P, SEXP					
		36-60	CL, WKSBK	FR, SS, SP, SEXP					

COMMENTS:

RECEIVED FEB 2 8 2022

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE
OR IT WILL NOT BE PROCESSED Repair Evaluation - No Chg

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP- 326108

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (✓) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Michael H. Brown **Address:** 3944 Wilkesboro Hwy. Statesville N.C **Zip:** 28625

Applicant Email: _____ **Phone:** _____ **Alt. Phone:** _____

Owner Name: Same **Address:** _____ **Zip:** _____

Owner Email: scmbrown@roadrunner.com **Phone:** 704-682-1799 **Alt. Phone:** 704-682-4160

Property Information:

Street Address: 3944 Wilkesboro Hwy. Statesville N.C. 28625

Subdivision Name: Central Heights N.C. 115 **Section/Phase:** _____ **Lot Number:** _____

Driving Directions: Go North on 115 to Old Timer Dr. Turn Right First House on Left

Site Development Information: *(check or complete ALL that apply*

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 3 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 3 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
(✓) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: NOV - smells odor (strong)
Non-Residential Site Development: Type of Business: from 123 Old Timer Dr.
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

( ) New Well ( ) Existing Well ( ) Community Well (✓) City Water ( ) Other Public Water
IREDELL WATER

Desired Septic System Type: *(you may rank in order of preference)* **Year existing system installed:** 1964
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: Michael H. Brown 3-1-22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

☑ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) Michael H. Brown

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship*
In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

☐ **2.** I, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

_____ _____
Signature of Owner(s) Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

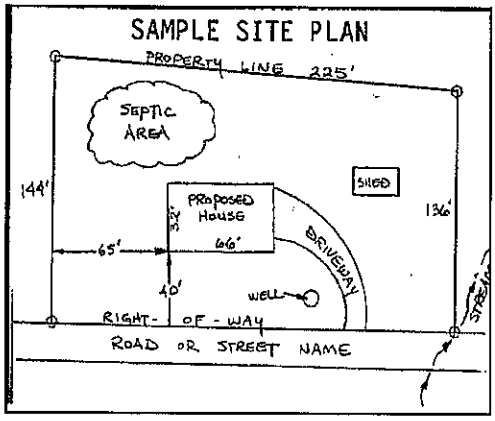
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*



Place an (X) beside each item as you complete the site plan:

( ) **Property Line measurements are clearly identified**
( ) **All proposed structures are indicated**
( ) **Front and side setbacks from property line**
( ) **Preferred driveway location and well location**
( ) **Area you prefer your septic system to be placed**
( ) **North arrow, or other sufficient indicator of direction**

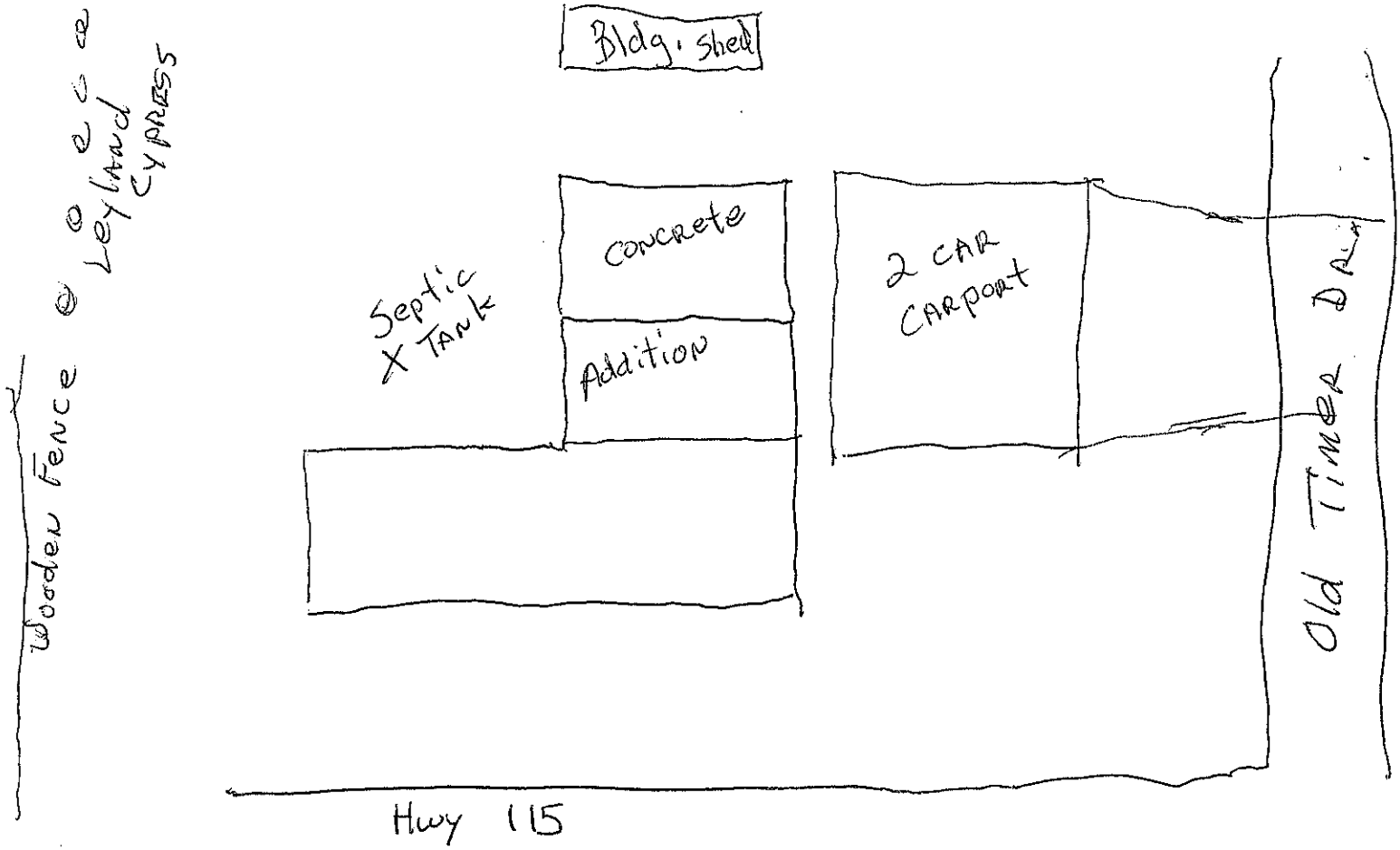
Garage

Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	**N/A**
Location of easements and rights of ways on your property	**N/A**
Location of any designated wetlands on the property	**N/A**

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: Michael H. Brown

Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3-1-22

DATE